

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[Secs. 505(a)(5)(E) and 509(a)(8)]

STATE: _____

	FY____	FY____	FY____	FY____	FY____
1. State MCH Toll-Free “Hotline” Telephone Number	_____	_____	_____	_____	_____
2. State MCH Toll-Free “Hotline” Name	_____	_____	_____	_____	_____
3. Name of Contact Person for State MCH “Hotline”	_____	_____	_____	_____	_____
4. Contact Person’s Telephone Number	_____	_____	_____	_____	_____
5. Number of calls received on the State MCH “Hotline” this reporting period	_____	_____	_____	_____	_____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**

Title V citations: Section 505(a)(5)(E) and 509(a)(8) state, in part, “the State agency (or agencies) administering the State’s program under this title will provide for a toll-free number (and other appropriate methods) for the use of parents to access information about health care providers and practitioners who provide health care services under this title and Title XIX and about other relevant health and health-related providers and practitioners...”

The Maternal and Child Health Bureau is the designee of the Secretary of the Department of Health and Human Services to carry out the mandate of Section 509(a)(8) of Title V, which requires that a national directory of toll-free numbers be made available to State agencies that administer the State’s Title V programs.

Instructions:

Complete all required data cells. If an actual number is not available for line 5, make an estimate. Please explain the estimate in a footnote.

1. On the line labeled “State” enter the name of your State.
2. At the top of the first column labeled “FY____” enter the appropriate reporting year and then, in each succeeding column to the right, enter the next year in chronological order.

For each year:

3. On line 1, enter your State’s toll-free MCH information line telephone number.
4. On line 2, enter the name of your State’s toll-free information line.
5. On line 3, enter the name of the person who should be contacted with any concerns about the toll-free line.
6. On line 4, enter the telephone number of the contact person listed on line 3.
7. On line 5, for the reporting year only, enter the number of calls your State’s toll-free MCH information number received for the reporting period.

If your State has an additional toll-free telephone number administered by Title V that you wish to report, use an additional copy of this form. The first Form 9 should be for the primary MCH toll-free number for your State.